F-216

PROJECT GRANT APPLICATION Volunteer Fire Assistance and Rural Fire Assistance Program

Contract No.:	
Date Rcv'd.:	

File: with F-215

For DNRC Use Only

APPLICANT:			Date
Name of Organization			
Address			
City	County		_ , Montana / Zip
Person to Contact (name)		_(Title)	
Phone (day)	(Evening)		
Chief Officer		(Title)	
Federal Identification number to be used for gran	nt: #		
Name of Organization that Federal ID is register	ed to:		
(List for each D	epartment invol	ved in this	application)
JURISDICTION <u>Briefly</u> describe your jurisdiction.			
Do you protect all property/residents in your con	nmunity, district o	or area?	Yes No
PROJECT INVOLVEMENT - Countywide Ap	plication		
Communities involved (names)			
List Departments involved (names)			
DOES THE PROJECT HAVE, OR HAVE THEY	APPLIED FO	R AN FHA	COMMUNITY FACILITY LOA
THAT RELATES TO IMPROVE FIRE PROTEC			

F.	IS THE FIRE DEPARTME	No					
G.	DOES THE DEPARTMENT HAVE INDIAN TRUST AND/OR RESTRICTED INDIAN LAND WITHIN PRIMARY RESPONSE AREA? Yes No						
H. DOES THE DEPARTMENT HAVE U.S. FISH & WILDLIFE SERVICE LAND WITHIN PRIMARY FAREA? Yes No Name of US Department of Interior FWS Unit(s):							
I.	DOES THE DEPARTMENT HAVE BUREAU OF LAND MANAGEMENT LAND WITHIN PRIMARY RESPONSE AREA? Yes No BLM District:						
J.	NAME OF NATIONAL FOREST(S) WITHIN PRIMARY RESPONSE AREA:						
K.			TLDLAND FIRE RESPONSESUSFWS	ON FEDERAL LAND: BIA or TRIBE			
L.	Training Fire Equipment Fire Prevention	on					
М.			TAKEN ON THIS PROJECT?				
N.	DESCRIPTION OF PROPO	OSED PROJ	JECT:				
О.	ESTIMATED TOTAL PRO	JECT COS	TS: From Appendix "A"				
	Contributed Labor Contracted Costs Supplies and Materials Capital Equipment Other Costs TOTAL	\$ \$ \$		hours)			
P.	ESTIMATED TIME NEED	ED TO CO	MPLETE PROJECT, IF APPR	OVED:			

Q. FIRE SERVICE INFORMATION:

		now many who	aiana fire responses	did the department	(s) respond to a	nd report in the las	
	calendar y	ear? # of fin	res	# of acr	·es		
2.	What is the	e annual budget	t of the department(s)	?			
3.	What was t	he minimum nu	umber of firefighters	responding to a structu	re fire in the pas	st three years?	
4.	What is the minimum number of training hours received by each firefighter annually?						
5.		-	-	Siren Plea	_		
6.	-		=	not include mutual aid			
7.	Does your department conduct fire education programs? Yes No If "Yes", please describe:						
8.	Do you have fire prevention and home inspection programs? YesNo If "Yes", please describe:						
9.		Does the Fire Department currently have a Wildland Fire Training Program? Yes No If "Yes", please describe:					
_ ^							
EQUIPN	MENT						
EQUIPN 1.		fully operation	nal engines/water tend	lers do you have?			
	How many				DM @ (Dur	Day areas	
1.	How many	fully operation Number (ea.)	Tank Capacity (ga	l.) Pump Capacity (G	_	•	
	How many		Tank Capacity (ga	l.) Pump Capacity (G	@	PSI	
1.	How many		Tank Capacity (ga	l.) Pump Capacity (G	@	PSI PSI	
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1. Engine	How many		Tank Capacity (ga	l.) Pump Capacity (G	@ @ @ @	PSI PSI PSI PSI PSI	
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1. Engine	How many		Tank Capacity (ga	l.) Pump Capacity (G		PSI	
1. Engine	How many		Tank Capacity (ga	l.) Pump Capacity (G		PSI	
1. Engine	How many		Tank Capacity (ga	l.) Pump Capacity (G		PSI	
1. Engine	How many s Fenders	Number (ea.)	Tank Capacity (ga	1.) Pump Capacity (G		PSI	
1. Engine Water 7	How many s Tenders Do you have	Number (ea.)	Tank Capacity (ga	1.) Pump Capacity (G		PSI	
1. Engine	How many s Tenders Do you have List the am	Number (ea.)	Tank Capacity (ga	1.) Pump Capacity (G	@	PSI	
1. Engine Water 7	How many s Tenders Do you have List the ampreconnected	Number (ea.)	Tank Capacity (ga	1.) Pump Capacity (G	@	PSI	

	Portable extinguishers:	# #	* *	
		#		
		#		
		·	71	
	Ladders: Length (feet)		Type (attic, roof, extension)	
			Type (attic, roof, extension)	
			Type (attic, roof, extension)	
			Type (attic, roof, extension)	
	Pike Poles	Crow Bar	s Bolt C	Cutters
	Pickhead Axes	Claw Too	ls Electr	ic Hand Lights
	Breathing Apparatus	Turnouts	(complete sets coat, boots,	helmet, gloves)
	Other			
•	Appendix "A" for O if application covers Incomplete or unsign ONLY Countywide a exception of departments in countyments in countyments.	any of the found application when the country in country ties without a	r types of projects. ns will be returned. ill be considered for grain ies without a countywich county fire association	nd Prevention must be attached rant participation, with de organization. In the case of or fire council, countywide fire
	Firewarden.		s must be submitted th	
Applica	ation Prepared By: _			Date:

Mail application and all applicable appendixes to:

Montana DNRC Forestry Division/Fire & Aviation Management Bureau Attn: VFA/RFA Grant Program Coordinator 2705 Spurgin Road Missoula, MT 59804-3199

Signature: _